

DONATION/SPONSORSHIP REQUEST FORM

FIRST NAME: _____ LAST NAME: _____
JOB TITLE: _____ COMPANY: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____ ORGANIZATION WEBSITE: _____

ARE YOU REQUESTING A : _____ DONATION _____ SPONSORSHIP

DONATION: REQUEST PROMOTIONAL ITEMS OR PRIZES

SPONSORSHIP: REQUEST KDFWR PERSONNEL TO ASSIST IN THE EXECUTION OF YOUR PLANNED EVENT WHICH ALSO PROVIDES OPPORTUNITY TO BENEFIT KDFWR.

OFFICIAL NAME OF EVENT: _____

YEARS IN EXISTENCE: _____

COMPANY OR ORGANIZATION OVERSEEING EVENT: _____

IS YOUR COMPANY A 501 (c)(3) ORGANIZATION: _____

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR ORGANIZATION? _____

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR EVENT? _____

EVENT DATE (S) : _____

EVENT LOCATION: _____

TOTAL ESTIMATED ON-SITE ATTENDANCE: _____ TOTAL PARTICIPATION: _____

SPECIFIC REQUESTS/COMMENTS: _____

FOR KDFWR OFFICE USE ONLY:

REFERRED TO: _____ ACTION TAKEN: _____
NUMBER OF PROMOTIONAL ITEMS GIVEN: _____ DATE SENT OUT: _____
ESTIMATED COST: \$ _____